

Office Use Only
 Amount Paid \$ _____ CK# _____ /CASH
 ENR _____ MAT _____ TUIT _____
 New Student Testing Date _____

**MT. ZION CHRISTIAN SCHOOL
 ENROLLMENT APPLICATION
 2010-2011**

EED Enrollment Requirements:
 Birthdate cutoff : P3-Sept. 1, 2007
 K4-Sept. 1, 2006
 K5-Sept. 1, 2005
*Student must be potty trained (no Pull-Ups),
 and able to use the restroom without assis-
 tance.*

New Enrollment: \$250.00
 Enrollment Fee due with application

Applying for grade: _____ **P3 and K4 applicants: 3 day 5 day** (circle one)

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Last name _____ First _____ M/I _____ Goes By _____
 Social Security # _____ Birthday _____ Age _____ Sex **M / F**
 Church Attended _____ Member **Y / N** School last attended _____

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Father's Name _____ Email _____
 Street _____ Home Phone _____
 City _____ State _____ Zip Code _____ Cell Phone / Pager # _____
 Father's Employer _____ Work Phone _____
Mother's Name _____ Email _____
 Street _____ Home Phone _____
 City _____ State _____ Zip Code _____ Cell Phone / Pager # _____
 Mother's Employer _____ Work Phone _____

*** If parents are separated or divorced, with whom does the child live and what relationship are they to the child? Please include any special instructions regarding custody. _____

*** If a copy of the child's report card should be sent to an alternate address, please give name and address here: _____

*** Siblings enrolled in Mt. Zion Christian School: _____

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Select a Payment Plan: _____ 10-month plan _____ 12-month plan _____ Tuition Prepayment
 Begins August 1 Begins June 1 Due in full August 1
Billing Address, if different from above: _____
After School Care Enrollment Form turned in at time of registration? **Yes No** (P3 Through E5 Only)

STATEMENT OF COOPERATION

- ◆ I have read and understand the Financial Information and I agree to complete my financial responsibilities for my child.
- ◆ I give permission for my child to take part in all school activities including school-sponsored trips away from the school premises. I absolve the school from liability due to any injury to my child, or me, at school or during any school activity that is not the result of gross negligence.
- ◆ I understand that it is the policy of the school to make no refunds on Enrollment Fees, Materials Fee, or the first month tuition payment. I also understand that upon early withdrawal from MZCS, no full or partial refund of the Materials Fee will be given, nor will any unused books or materials be returned to me. Also upon early withdrawal, the entire month's tuition will be due, no matter how many days attended that month.

I have read and support the above statements of cooperation:

Signature of Father (Guardian): _____ **Date** _____

Signature of Mother (Guardian): _____ **Date** _____

Please sign both sides of enrollment form

MEDICAL/EMERGENCY INFORMATION

Child's Physician _____ Phone # _____

Has your child ever been tested or recommended for testing for any type of attention deficit or learning disability? _____
If yes, please attach documentation so that we may better serve your child.

Physical difficulties? _____ Explain _____

Please check the following which may apply to your child and please comment if this is a life threatening condition:

_____ Allergic to bee stings _____ Diabetes _____ Respiratory problems _____ Seizures
_____ Allergies - Please specify: _____ Epi Pen? _____

Has your child had Chicken Pox? _____ Date _____

Student may be given the following medication at school with the **parent's initials**.

Tylenol _____ *Benadryl* _____ *Pepto Bismol* _____
Please Initial Please Initial Please Initial
Ibuprofen _____ *Robitussin* _____ *Dimetapp Elixir* _____
Please Initial Please Initial Please Initial

Parents will be informed of any approved medication given during the school day.

List prescription medication(s) taken regularly _____ Taken at school? _____

List asthma inhalers used _____ Used at school? _____

<p>Emergency Contact - Responsible adult to contact if parents cannot be reached:</p> <p>Name _____ Relationship to child _____ Phone _____</p> <p>Name _____ Relationship to child _____ Phone _____</p> <p>Authorized persons to pick up child after school (other than the parents):</p> <p>Name _____ Relationship to child _____</p> <p>Name _____ Relationship to child _____</p>	<p>Emergency Contact Order - Including Parents (Who should we call first?)</p> <p>#1. _____</p> <p>#2. _____</p> <p>#3. _____</p> <p>#4. _____</p> <p>#5. _____</p> <p>#6. _____</p> <p>#7. _____</p>
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Authorization for Emergency Care and Administration of Medication

- ◆ During an emergency, when I am not readily available, I hereby give permission to our family physician and/or attending physician to hospitalize and/or provide proper treatment for my child.
- ◆ I hereby give permission for the school staff member on duty to administer the medication I have indicated on this form.

I have read and support the above statements concerning the medical care of my child:

Signature of Father (Guardian) _____ Date _____

Print Name _____

Signature of Mother (Guardian) _____ Date _____

Print Name _____